U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

No. of Contract of			
1. File Number U - 2508	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Ralph G White	Name Plumbers & Pipefitters 495		
	Labor Organization File Number 045468		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 1418		
Street 109 Beverly Lane	Street 11306 East Pike Road		
City Wintersville	City Cambridge 19000000000000		
State Ohio ZIP Code + 4 43953	State Ohio ZIP Code + 4 43725		
5. Position in labor organization. Business Manager/Financial Sec-Trea			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
	7.b. Amount.		
Street			
City City City City City City City City	Solve to the second sec		
State ZIP Code.+4	*************************************		
் கூறித்திரும் நடிகள் கூறிகள் கூறிகள் இரும் இரும் இரும் கோரி கூறிகள்			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law_that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Kalph & White 2	On 3/9/2006 (740) 439-3623  Date Telephone Number		

Name of Person Filing Ralph White	File Number <b>U</b> -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Ohio Valley P & P Security Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 200  Street 5 Hot Metal Street  City Pittsburgh  State Pennsylvania ZIP Code + 4 15203	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	•	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Ohio Valley P & P Security Plan	Reimbursement for attendance at an Conference	Education	
Trade Name, if any:			
P.O. Box, Bldg., Room No., If any Suite 200			
Street 5 Hot Metal Street	11.b. Approximate dollar value of such dealing.	\$1,390	
City Pittsburgh	12.a. Nature of interest held or income received.	<u> </u>	
State Pennsylvania ZIP Code + 4 15203			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		7.74	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		***************************************	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		